			. ;		· · · · · · · · · · · · · · · · · · ·			1	<u>}_</u>		ιŲ	101	510	<u> </u>
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001 Application of Docket Number 10073/00													nber O	
CLAIMS AS FILED - PART (Column 1)						(Column 2)			SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			116					RATI		FEE	OR 	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC	PEE	370.00	OR	BASIC FEE		
TOTAL CHARGEABLE CLAIMS			/ ¥ minus 20=		. 0			X\$ 9	=		OR	X\$18=		
INDEPENDENT CLAIMS			6 minus 3 =		• 3			X42=			X84=	0.5		
MULTIPLE DEPENDENT CLAIM P			RESENT					+140=			OR		2521	(O)
* If the difference in column 1 is less than zero, enter "0" in column 2											OR	+280=		
•									L		OR	TOTAL	992	60
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)										ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	Ξ	ADDI- TIONAL FEE		HATE	ADDI- TIONAL FEE	•
Š	Total	. 14	Minus	0	\mathcal{O}	E		X\$ 9:	=		OR	X\$18=		
ME	Independent	• 9	Minus	*** (Q	-		X42=	<u>. </u>		OR	X84=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											+280=		1
/								+140:			OR	TOTAL		
1A	1-3001	(Column 1)		(Colu	A)	(Column 3)		ADDIT. F	EE		OR	ADDIT. FEE	1	1
IENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	IEST IBER OUSLY FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT B	Total	• 14	Minus	&	20	- /		X\$ 9:	= ∙	/	OR	X\$18=		
	Independent	· 6	Minus	400	Q			X42=	•		OR	X84=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	+140	_		OR	+280=		
									AL		ا م	TOTAL		
(Column 1) (Column 2) (Column 3)									EE			ADDIT. FEE	L	1
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH	IEST BER OUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
N Q	Total	•	Minus	**		a		X\$ 9=	-		OR	X\$18=		
AME	Independent	•	Minus	***				X42=	_		OR	X84=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								┪					i
* If the entry in column 1 is less than the entry in column 2, write "o" in column 3.												<u> </u>	•	
***	If the "Highest Nu	mber Previously Pa mber Previously Pa mber Previously Pai	aid For IN TH	S SPACE	is less tha	on 3, enter "3."		ADDIT. FI	EE L	ropriate box		TOTAL ADDIT, FEE Jumn 1.	<u> </u>	

FORM PTO-875 (Rev. 8/01)

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